	JDMENT T	TRANSMI	TTAL LE	FTER	Docket No. 84517US1	
Application No. 10/673351		Filing I September		Examiner J. W. Drodg	Art U	
plicant(s): Sea	n J Hart et al					
	ATION OF CC C DEVIGES	LLOIDAL SU:	SPENSIONS	JSING LASER OF	TICAL PRESSUR	E
ransmitted here	with is an amei		above-identifi	ad application.		********
			S AS AMEND	C		A*****
***************************************	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Propert	Rate		
Total Claims	10	- 30 ×		X		
Independent Claims	2	- 3 =		×	1,000	
Multiple Depend	lent Claims (che	ick if applicable	e) []			*******
x Large Entity x No additions	ge Deposit Acc		ìr	Small Entity		
A duplicate of						
A duplicate of A check in the	ne amount of S			the filing tee is enc	closed.	
A duplicate of A check in the Payment by X The Director as described as Control of the Control	ne amount of \$ credit card. For is hereby auth i below. A dup ny overpaymer	orm PTO-2038 iorized to char ilicate copy of it.	s is attached, ge and credit this sheet is e	Deposit Account N nclosed.	do50-0281	
A duplicate of A check in the Payment by X The Director as described as Control of the Control	ne amount of S credit card. For is hereby auth i below. A dup ny overpaymer any additional fill bitins io: 43,369	orm PTO-2038 lorized to char licate copy of it. ing or application	s is attached, ge and credit this sheet is e	Deposit Account N nclosed, ees required under:		\$7.